

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		3				
13		3				
14		3				
15		3				
16		3				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		+3				
25		<del>1</del> 2				
26		+3				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37		1				
38		1				
39		3				
40		3				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
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99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	31	←	10	←		←
TOTAL CLAIMS	4.3		18			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS